6: Cipriani E-5 (1951-1953)1961 AZ2 Andamans AZ2
Onge

Endogamous life, or the habit of never washing even the female genital organs, cannot be the only cause of Andamanese sterility. Alcohol and venereal diseases such as syphilis may only be a complementary cause. The Onge's limited fertility probably derives from other factors besides their protracted and inceasingly strict endogamy.

We can only remark that Onge women rarely become pregnant before 28 ; their fertility ceases around the age of 48. The high rate of sterility among Onge women after marriage (which generally takes place at the age of 14) is puzzling indeed. Of several childless couples that I studied in Little Andaman, the woman was under 28. There is hope of fertility after that age. It could so happen, for instance, in the case of two young Onge chiefs, Okkeggi and Chendubai, married to two sisters among the most beautiful and flourishing girls on the island : Ooaghēghē and Tocooaghēghē, both around 20. They never became pregnant, although menstruation was normal and they had plenty of sexual intercourse, even extra-marital.

The delayed appearance of fertility in Andamanese women is probably connected with a general biological condition fostered by unhygienic habits. For instance : young Onge females have a high vagina acidity content that is certainly harmful to spermatozoa. It decreases with age, facilitating, we may suppose, fecundation. Vaginal washing would help, but the Onge women never recur to it. But this is only one side of the question. It is evidently urgent to do whatever is necessary to save the Onge from extinction. We must remember that civilized nations, through international agreements, are anxious to protect plant and animal species from disappearance. The same should be done for man, and equivalent international laws are needed. The Onge as a human group are on the verge of extinction ; but they still retain enough vitality to be rescued before they finally vanish into eternity.

Without enlarging here on the disorders of Onge sexual life and their dire effects also on the number of births, I wish to point out one more fact : Onge homosexuality as a normal occurrence. It is a plague in Little Andaman, helped by the regular physiological functions of both extremities of the digestive tube. The sexual tendencies that prevail in Little Andaman are a strong criticism of FREUD's theories on sexual life, but I will not discuss this here. I would rather say a few words about some opinions regarding the cause of Onge sterility that I heard expressed in the Andamans. Foreigners there ascribe it to the *naquinēghē* – the grass-like apron worn by women. Colonists believe that this garment leads to copulation from the rear, reducing the chances of fecundation. This idea is incorrect : the Onge never do this because the *naquinēghē* can be easily lifted as required, and pulled up over the abdomen. It is true that Onge women remove the *naquinēghē* only to replace it with a fresh one ; they wear it even when sleeping. Not for a single instant must women remain "undressed", for superstitious reasons. When a new *naquinēghē* is needed, the old one is furtively disposed of. Husband and wife repair secretely to a remote part of the forest, the woman slipping the new garment over her head before removing the old one, and burying the latter, which is quickly destroyed by white ants. The Onge believe that possession by a stranger of a worn